



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT <b>SALARY SPREADSHEET CHANGE REQUESTS</b>	POLICY NO. <b>403.2</b>	EFFECTIVE DATE <b>10/1/89</b>	PAGE <b>1 of 2</b>
APPROVED BY: <b>Original signed by:</b> <b>ROBERTO QUIROZ</b> Director	SUPERSEDES <b>N/A</b>	ORIGINAL ISSUE DATE <b>10/1/89</b>	DISTRIBUTION LEVEL(S) <b>1</b>

### **PURPOSE**

- 1.1 To establish procedures to transfer budgeted positions from one cost center to another within the Department of Mental Health (DMH).

### **POLICY**

- 2.1 It is essential that the Salary Spreadsheet Change Request form be fully completed and signed before submission to the Budget Officer. Failure to do so may cause delays in processing the change.

### **PROCEDURE**

#### 3.1 Action Required

Complete the Salary Spreadsheet Change Request form (Attachment I).

- 3.1.1 Identify the requesting area.
- 3.1.2 Identify the unique number(s) of the budgeted position(s) being changed.
- 3.1.3 Provide the current cost center number(s) of the budgeted position(s).
- 3.1.4 Provide the new cost center number to which each position is to be moved.
- 3.1.5 Indicate the description of the budgeted position(s) to be changed.
- 3.1.6 Identify the item number and letter of the position(s) to be changed.
- 3.1.7 Indicate the effective date of the change.
- 3.1.8 Obtain approval signature of Program Head/Division Chief of each affected cost center.
- 3.2 Forward the completed form to the Assistant Director/Deputy Director of the affected area(s).
- 3.3 Assistant Director/Deputy Director

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- 3.3.1 Receive the Salary Spreadsheet Change Request form from the requesting area.
- 3.3.2 Review the Salary Spreadsheet Change Request form.
  - 3.3.2.1 If approved - sign where indicated. Initiating Director to prepare a cover memo, and forward with request to the Budget Officer.
  - 3.3.2.2 If denied - return to the requesting area.
- 3.4 Budget Officer
  - 3.4.1 Receive the Salary Spreadsheet Change Request form signed by the Assistant Director/Deputy Director.
  - 3.4.2 Review the Salary Spreadsheet Change Request form verifying that the budgeted position(s) to be transferred exist(s) in the current cost center.
    - 3.4.2.1 Upon verification, approve the request by signing the Salary Spreadsheet Change Request form where indicated.
    - 3.4.2.2 If a budgeted position does not exist in the current cost center, deny the request; prepare a cover memo explaining the denial and return to the Assistant Director/Deputy Director of the affected area.
  - 3.4.3 Revise the Salary Spreadsheets to reflect the requested changes.
  - 3.4.4 Distribute copies of the approved request to the Assistant Director/Deputy Director, Program head/Division Chief, and Personnel Division.
- 3.5 Any questions concerning this policy should be referred to the Budget Officer in the Budget Services Division.

## AUTHORITY

## DMH Policy and Procedure

**ATTACHMENT**

Attachment I      Salary Spreadsheet Change Request form

No. \_\_\_\_\_

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
SALARY SPREADSHEET CHANGE REQUEST**

REQUESTING AREA \_\_\_\_\_

<u>UNIQUE NUMBER</u>	<u>COST CENTER CHANGE</u>		<u>ITEM DESCRIPTION</u>	<u>ITEM NUMBER/ LETTER</u>	<u>EFFECTIVE DATE</u>
	<u>FROM</u>	<u>TO</u>			

FROM:

\_\_\_\_\_  
PROGRAM HEAD OR DIVISION CHIEF

\_\_\_\_\_  
ASSISTANT DIRECTOR OR DEPUTY DIRECTOR

TO:

\_\_\_\_\_  
PROGRAM HEAD OR DIVISION CHIEF

\_\_\_\_\_  
ASSISTANT DIRECTOR OR DEPUTY DIRECTOR

\_\_\_\_\_  
BUDGET OFFICER